

Complete this section for the wastewater treatment plant's surface water outfall.

II. WASTEWATER CHARACTERIZATION, TREATMENT AND DISPOSAL

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| B. SPECIFIC OUTFALL INFORMATION | |
| Surface Water Outfall Information for OUTFALL _____ | |
| 1. Receiving Water | |
| 2. Outfall Location Describe the outfall location (for example, east bank of Wisconsin River one-quarter mile down stream of Second Street bridge) | |
| 3. Seasonal or Intermittent Discharges (Check only one of the boxes and provide information requested) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Discharge is year round. <input type="checkbox"/> Discharge is seasonal (specify) <input type="checkbox"/> Discharge is intermittent (attach a description of the frequency, duration and flow rate of each discharge occurrence, except for storm water runoff and spillage or leaks). </div> <div style="width: 35%;"> From: _____ Through: _____ From: _____ Through: _____ </div> </div> | |
| 4. Effluent Flow Monitoring and Sampling <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Flow Monitoring Type & Age Flow Monitoring Location Effluent Composite Sample Location Effluent Grab Sample Location </div> <div style="width: 35%;"> _____ _____ _____ _____ </div> </div> | |

B. SPECIFIC OUTFALL INFORMATION

Surface Water Outfall Information for OUTFALL _____

5. Phosphorus Effluent Limit Information

- a. Is there a phosphorus limit in your current permit? (Check only one of the boxes and follow the instructions given.)
- ☐ Yes. My current limit is 1.0 mg/L total phosphorus and I am planning to continue to meet the current limit. (continue to question 6)
- ☐ Yes. My current limit is 1.0 mg/L total phosphorus, but I wish to apply for an alternative phosphorus limit. (Please submit the information necessary to justify an alternate phosphorus limit. Use the Alternative Phosphorus Effluent Limitation Information Request discussed in the Contents of your Application part of the instructions. (continue to question 6)
- ☐ Yes. I have an alternative phosphorus limit in my current permit and I wish to re-apply for an alternative phosphorus limit. (continue to part b.)
- ☐ Yes. I have an alternative phosphorus limit in my current permit and I do not wish to re-apply for an alternative phosphorus limit. (In this case the permit will be reissued with a 1mg/L phosphorus limit). (continue to question 6)
- ☐ No. I do not have a phosphorus limit in my current permit. (Monitor your effluent for phosphorus as directed in the effluent characteristics section of this application.) (continue to question 6)
- b. Changes since the permit was last reissued:
- 1) Have there been significant changes in the treatment plant processes?
- ☐ Yes ☐ No
- 2) Have there been significant changes in industrial, commercial, or institutional contributions, which could affect influent phosphorus levels?
- ☐ Yes ☐ No
- 3) Has the flow to the treatment plant changed by more than 25%?
- ☐ Yes ☐ No
- 4) If the alternative phosphorus limit is based on biological phosphorus removal, have chemicals been required to be added frequently (more than 25% of the time) to meet permit effluent limitations?
- ☐ Yes ☐ No
- c. If you answered **NO** to all four questions in b., the Department requires no further information to process your request to re-apply for an alternative phosphorus limit.
- d. If you answered **YES** to any of the questions in b., you must submit a new alternative phosphorus limit request with this application. Use the Alternative Phosphorus Effluent Limitation Information Request discussed in the Contents of your Application part of the instructions.

6. Biological Toxicity Data - In the last five years, have any biological tests for acute or chronic toxicity been made on the discharge from this outfall or on the receiving water in relation to the discharge from this outfall?

- ☐ No. (continue to the next section of the application)
- ☐ Yes. If yes, provide all test dates and types below and attach to this application test results for those tests not previously submitted to the Department.

| <u>Date</u> | <u>Type or Test</u> |
|-------------|---------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

INSTRUCTIONS

Surface Water Outfall Information

This section of the application must be completed for each surface water outfall excluding those that discharge only storm water runoff. If you have more than one such outfall, your application packet should contain a copy for each outfall identified with an outfall number. If you have a surface water outfall that has not been previously permitted, you should contact the Department for another copy of this form. Or you may make a copy of one of the forms you received before filling it out, change the outfall identifier number on the copy and complete the form with the new outfall information.

Item 1. Receiving Water - Specify the name of the receiving water to which the outfall discharges.

Item 2. Outfall Location - Provide the outfall location latitude and longitude to the nearest 15 seconds and give a brief description of its location (for example, east bank of Wisconsin River one-quarter mile down stream of Second Street Bridge).

Item 3. Seasonal or Intermittent Discharges - A discharge is seasonal if it occurs only during certain periods of the year. For seasonal discharges, provide the period from starting month to ending month during which wastewater is discharged.

A discharge is intermittent unless it occurs without interruption during the operating hours of the facility. For intermittent discharges, describe on a separate sheet of paper the frequency of discharge and the duration and volume of each discharge with the exception of storm water runoff and spillage or leaks. Provide the description on a separate sheet of paper.

Item 4. Effluent Flow Monitoring and Sampling - Identify the flow monitoring type as a "V" notch weir, Parshall flume, magnetic flow meter, etc. and provide its age, location (in relation to other units) and date of last calibration. Indicate the location of all composite sampling devices and all locations where effluent grab samples will be taken.

Item 5. Phosphorus Effluent Limit Information - Check the appropriate box and follow instructions on how to continue. If you currently have a 1 mg/L phosphorus limit but would like to apply for an alternative phosphorus limit or if you currently have an alternative phosphorus limit but you answered yes to any of the four questions in b., you must submit a new alternative phosphorus limit request. Use the Alternative Phosphorus Effluent Limitation Information Request discussed in the Contents of Your Application part of the instructions. This application supplement is available on the Department's web site or you may contact the Department contact identified in the application cover letter.

Item 6. Biological Toxicity Data - Indicate whether or not acute or chronic toxicity tests were performed on the receiving water or the discharge from the outfall in the last 5 years. For any test not previously reported to the Department, provide test dates and type of test (acute or chronic) and attach test results.